



## ACCESSORY RESIDENTIAL USE APPLICATION

Type or print clearly. Unreadable applications will be returned to you for clarification.

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone Number \_\_\_\_\_

1. Name of Business: \_\_\_\_\_

2. Describe the type of business you are requesting:

3. Will this be a sexually oriented business? \_\_\_\_\_

4. Do you understand no more than 30% of your residence can be utilized for this business? \_\_\_\_\_

5. Do you understand outside employees are not permitted to be utilized in your business *including business partners*? \_\_\_\_\_

6. Do you understand no materials other than office supplies are permitted to be stored at this location or in your business vehicle including *tools and equipment* of any kind? \_\_\_\_\_

7. Do you understand customers may not come to your residence? \_\_\_\_\_

8. Do you understand your home address may not be utilized in any way, *including telephone directory listings and business cards*? \_\_\_\_\_

9. Do you understand you are permitted only one (1) business vehicle which can be no larger than a "pick-up truck"? *Trailers and other similar equipment* are not permitted. \_\_\_\_\_

10. Do you understand signs, of any kind, are not permitted? \_\_\_\_\_

11. Do you own or rent this property? \_\_\_\_\_

12 If renting, please attach a letter from the property owner giving you permission to operate this home occupation.

**By my signature as applicant for the Accessory Residential Use at the specified location, I hereby give permission to the City of Fort Smith to revoke this permit should a violation of Section 27-324-6-C (Criteria) of the Unified Development Ordinance of Fort Smith be substantiated by the City.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Zoning Classification

\_\_\_\_\_  
Planning Dept. Approval

\_\_\_\_\_  
Date



# Landlord Permission Sheet

To the City of Fort Smith Planning Department:

I hereby grant my permission to \_\_\_\_\_ to Operate \_\_\_\_\_

business at \_\_\_\_\_. By signing this form, I verify that I am the

owner of this property.

\_\_\_\_\_  
Owners Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Owners Signature

\_\_\_\_\_  
Date



**CITY OF FORT SMITH**  
BUSINESS REGISTRATION APPLICATION  
PLANNING DEPT. 623 GARRISON AVE. FT. SMITH ARKANSAS  
Mail to: P.O. Box 1908 Fort Smith, AR. 72902  
EMAIL TO: [planning@fortsmithar.gov](mailto:planning@fortsmithar.gov)

TYPE OR PRINT  
NEATLY  
  
FILL APPLICATION  
COMPLETELY

<input type="checkbox"/>	I AM ANEW BUSINESS		<input type="checkbox"/>	I AM RELOCATING AN EXISTING BUSINESS		<input type="checkbox"/>	I AM CHANGING OWNERSHIP			
DATE			NUMBER OF EMPLOYEES			Email				
BUSINESS ADDRESS		STREET			CITY		ST	ZIP		
BUSINESS NAME					NAICS CODE					
CORPORATE NAME										
STATE TAX ID				EIN						
LICENSE HOLDERS NAME		FIRST		MID	LAST		OWNER OR CEO			
APPLICANT NAME		FIRST		MID	LAST					
BUSINESS PHONE				CELL PHONE/EMERGENCY NUMBER						
MAILING ADDRESS		STREET			CITY		ST	ZIP		
PREVIOUS BUSINESS ADDRESS		STREET			CITY		ST	ZIP		
PREVIOUS USE OF STRUCTURE										
PROVIDE A DETAILED DESCRIPTION OF YOUR BUSINESS INCLUDING A LIST OF THE PRODUCTS OR SERVICES OFFERED										
WAS/IS THIS STRUCTURE A HOUSE?							<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
WILL THIS BE A SEXUALLY ORIENTED BUSINESS?							<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
WILL THIS BE A FOOD SERVICE BUSINESS?							<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
WILL ALCOHOL BE SERVED OR ALLOWED AT THIS LOCATION?							<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
WILL ALCOHOL BE SERVED LATER THAN 2 AM?							<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

NOTICE: IF OPERATING MORE THAN ONE BUSINESS OUT OF THE SAME STRUCTURE, YOU ARE REQUIRED TO FILL OUT SEPARATE BUSINESS APPLICATIONS FOR EACH BUSINESS. BUILDING/SIGN PERMITS ARE REQUIRED FOR REMODELING/ADDITIONS AND SIGNS

**BY SIGNING THIS DOCUMENT, I UNDERSTAND THAT ANY FALSE STATEMENTS MADE IN THIS APPLICATION SHALL RESULT IN DENIAL. I FURTHER UNDERSTAND THAT VIOLATION OF ANY LOCAL, STATE, OR FEDERAL LAW, MAINTAINING A NUISANCE OR UNSANITARY PREMISES, OR OPERATING A BUSINESS CONTRARY TO THAT PERMITTED BY THE APPROVED BUSINESS REGISTRATION SHALL BE CAUSE TO REVOKE THE BUSINESS LICENSE**

SIGNATURE: \_\_\_\_\_

<input type="checkbox"/>	APPLICANT	<input type="checkbox"/>	OWNER
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## **SECTION 27-324 ACCESSORY RESIDENTIAL USE**

### **Sec. 27-324-1**

**A. Purpose.** To grant the Planning and Zoning Department the authority to permit citizens in all residential zones to operate an accessory residential use in accordance with the criteria set forth in this section. It is further the intent of this section to regulate the operation of the accessory residential use so that the neighborhood shall be unaware of its existence.

### **Sec. 27-324-2--Business License**

An individual with an approved business license from the City shall not be required to obtain an accessory residential use permit in order to conduct the business from his or her residence as long as the practice is within the criteria of 27-324-6 of this section.

### **Sec. 27-324-3--Applicant**

An accessory residential use permit may be sought only by the home owner or tenant of the address for which the permit is sought.

### **Sec. 27-324-4--Pre-Application Conference**

A pre-application conference pursuant to Section 27-302 is recommended.

### **Sec. 27-324-5--Submission Requirements**

The Director shall prepare an application form specifying the information to be submitted in support of an accessory residential use permit application. This shall include, at a minimum:

- A. Request.** Request for a written description of the use.
- B. Space.** Requirement of a calculation of the amount of space to be occupied by the use.
- C. Fee.** An Application Processing Fee of \$35.00 was established by the Board of Directors.
- D. Affidavit.** Affidavit from the applicant that the proposed use meets each of the approval criteria established in Section 27-324-6 and that the applicant gives the City permission to withdraw the permit should a valid neighborhood complaint be received which identifies actions that violate the terms of the Accessory Residential Use approval. Withdrawal shall take place pursuant to Section 27-314.
- G. License.** Copy of a valid business license issued by the City of Fort Smith.

### **Sec. 27-324-6--Application and Review Procedure**

**A. Determination of Completeness.** Applications shall be submitted to the Director for a determination of completeness pursuant to Section 27-303.

**B. Review.** Complete applications shall be reviewed by the Director. If the Director determines that the application meets the requirements of the UDO (including the provisions of Subsection 27-324-6 C, below) the application shall be approved.

**C. Criteria.** Applicants for an accessory residential use shall meet all of the following requirements:

1. The activity shall be contained in an area no greater than thirty (30) percent of the total heated living space of the residential structure, and there shall be no alteration to the residential structure and no separate outside entrance for the business area of the residential structure.
2. Only resident members of the household shall operate the activity.
3. No inventory of materials or supplies other than normal office, art, craft or photography supplies shall be stored at this location. Storage shall be limited to that which can be kept in the heated living space.
4. No customers shall be served in person at this location.
5. The address shall not be used for any advertising.
6. No signs shall be used.
7. No business vehicle larger than a pickup truck shall be housed at the residence. All exterior storage of cargo, equipment or other material shall be shielded from view at all times when such vehicle is located on a residential lot. No trailer shall be permitted.

**D. Appeal.** If the Director denies an application for an accessory residential use, the denial may be appealed to the Planning Commission. The Planning Commission shall hear appeals from the decision of the Director in respect to the approval of applications as defined in this section. Any such decision may be appealed by any person having an interest therein by the filing of a written notice of appeal with the City Clerk before 5:00 p.m. on the tenth calendar day following the date of the decision of the Director. A fee in the amount established by Board of Directors shall be required at the time any appeal is filed in respect to an accessory residential use application ruling of the Director.

#### **Sec. 27-324-7—Conditions for Approval**

When an accessory residential use application is approved, the Planning and Zoning Department is allowing the applicant the privilege of engaging in a specific designated activity at a specific residential address. An approved accessory residential use cannot be moved, transferred, or relocated to another address, or remain at the address where it was approved if a new owner occupies the property. If the owner to which the permit was issued moved, the approval does not transfer nor remain at the residence with the new owner, the approval is considered void. The applicant acknowledges the Planning and Zoning Department will revoke the accessory residential use permit should a reasonable complaint be received.

#### **Sec. 27-324-8—Revoking of Permit**

When one (1) verifiable complaint is received on the applicant or location for which the permit approval was issued, or when a violation of any of the criteria set forth in section 27-324 is confirmed, the accessory residential use may be revoked pursuant to Section 27-314.